



Incident Report

Print Date/Time: 03/24/2016 06:56
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00004899

Incident Date/Time: 3/13/2016 2:46:00 PM
Location: SR 204 / MARKET PL
LAKE STEVENS WA 98258
Phone Number: (817) 800-9788
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0136-Shein
19D4	SS0138-Fiske

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FRIEDNER, ERIC					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

03/13/2016 : 15:13:21 SP0412 Narrative: AID WITH ONE

03/13/2016 : 14:58:45 SP0302 Narrative: 1GRN 1YEL

03/13/2016 : 14:48:27 SP0152 Narrative: 2 VEH REAR END, ADLT M C/O WHIPLASH, HEAD PX, NON BLKING, 1 BLU PU 1
TAN PU

Collision report

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E526594**CASE # **2016-00004899**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **03** - **13** - **2016** TIME (2400) **1446** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
SR-204 BLOCK NO. ☒ **8500**
MILE POSTDISTANCE **MARKET PL** OF (REFERENCE OR CROSS STREET)
MILES **N** **E** **S** **W**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4254433153**LAST NAME **HERNANDEZ VELASCO** FIRST NAME **ARNULFO** MIDDLE INITIALSTREET NEW ADDRESS **14014 ADMIRALTY WAY APT 1J**CITY **LYNNWOOD** ST **WA** ZIP **980875600**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **HERNAA*160MQ** STATE **WA** SEX **M** D.O.B. **07** - **18** - **1984**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **C60124B** STATE **WA** VIN# **5TEHN72N21Z783295**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **TOYT** MODEL **PU** STYLE **CW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **ARNULFO HERNANDEZ 7209 GEORGE C JONES JR PL MARYSVILLE WA 98271**LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONELAST NAME **FRIEDNER** FIRST NAME **ERIC** MIDDLE INITIAL **M**STREET NEW ADDRESS **7824 29TH PL NE**CITY **MARYSVILLE** ST **WA** ZIP **982706849**CDL RESTRICTIONS ENDORSEMENTS **L**DRIVER'S LICENSE # **FRIEDEM270JS** STATE **WA** SEX **M** D.O.B. **04** - **10** - **1973**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **6** NATURE OF INJURIES **NECK PAIN - TAKEN TO HOSPITAL AID UNIT**LICENSE PLATE # **MECHA** STATE **WA** VIN# **1FTFW1ET8DKG33194**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2013** MAKE **FORD** MODEL **F150** STYLE **CW** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **ERIC FRIEDNER 7824 29TH PL NE MARYSVILLE WA 98270**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **VALID 1234**VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **G. SHEIN** BADGE OR ID # **0136** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E526594**CASE # **2016-00004899**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 3/13/2016, high winds knocked out power to the traffic control light at the intersection of SR-204 & Market PL NE. Unit 2 was stopped at the intersection, yielding to other stopped traffic, headed in the eastbound direction of SR-204. Unit 1 was traveling eastbound on SR-204 behind Unit 2 and in the same direction. Unit 1 failed to stop behind Unit 2. Unit 1 rear-ended Unit 2. Driver of Unit 2 was injured and taken to the hospital for injury to his neck. Posted speed limit on that section of the road is 35 MPH.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
03-14-16 10:06 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 0095
3/19/2016 4:03:26 AM

BADGE OR ID #

0136

ORI #

WA0311900

TIME POLICE DISPATCHED

2:46 PM

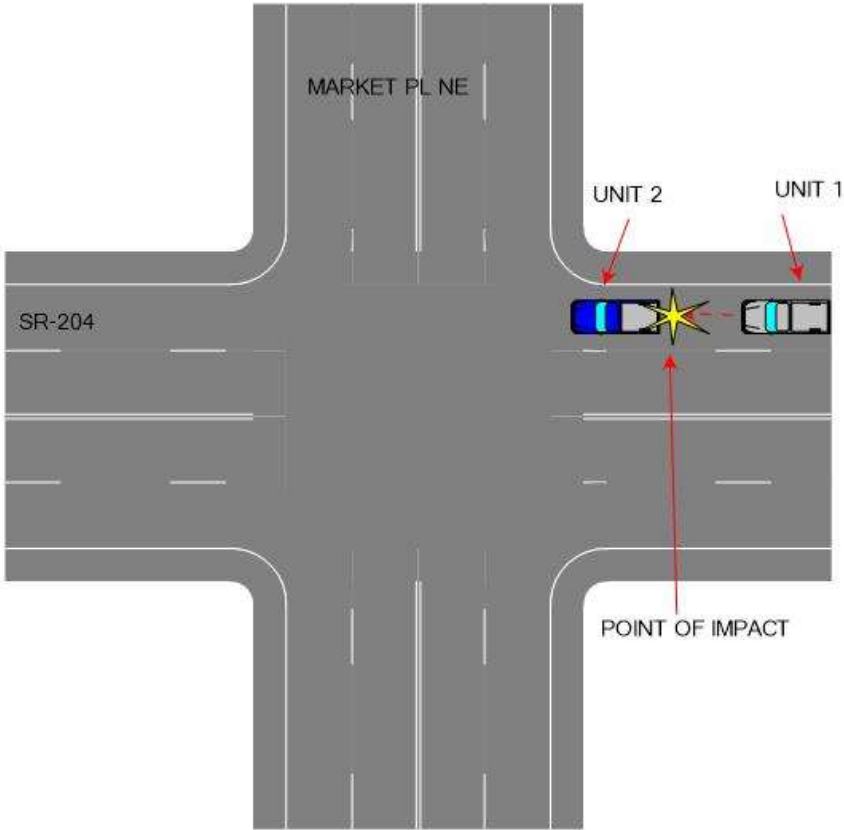
TIME POLICE ARRIVED

2:49 PM

REPORT NO. E526594

CASE # 2016-00004899

DATE AND TIME
OF COLLISION 03/13/16 14:46



NOT TO SCALE







